
DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As the below-named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name.

I believe I am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled, **"VIRUS COAT PROTEIN/RECEPTOR CHIMERAS AND METHODS OF USE"**, the specification of which is filed herewith in the U.S. Patent and Trademark Office on August 21, 2001.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

STEVEN J. HULTQUIST, REG. NO. 28,021
MARIANNE FUIERER, REG. NO. 39,983
JANET R. ELLIOTT, REG. NO. 33,594

All correspondence in connection with this application should be sent to:

Steven J. Hultquist
Intellectual Property/Technology Law
P. O. Box 14329
Research Triangle Park, NC 27709
Telephone: (919) 419-9350

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First Inventor : **DEVICO, Anthony Louis**

Inventor's Signature _____ Date _____

Residence: 4533 Peacock Avenue, Alexandria, Virginia 22304

Citizenship: U.S.A.

Post Office Address: 4533 Peacock Avenue, Alexandria, Virginia 22304

Full Name of Second Inventor: **FOUTS, Timothy R.**

Inventor's Signature _____ Date _____

Residence: 7523 Swan Point Way, Columbia, Maryland 21405

Citizenship: U.S.A.

Post Office Address: 7523 Swan Point Way, Columbia, Maryland 21405

Full Name of Third Inventor: **TUSKAN, Robert G.**

Inventor's Signature _____ Date _____

Residence: 1104 Roland Heights Avenue, Baltimore, Maryland 21211

Citizenship: U.S.A.

Post Office Address: 1104 Roland Heights Avenue, Baltimore, Maryland 21211